

Name
in
Full

Annie Brausen -

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Clemens</u>		<u>St. Marys -</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>4</u>	Day <u>10</u>	Age <u>40</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>Colored</u>			Birth-place <u>Ma</u>	Days
Occupation <u>Housewife</u>	Where Residing if not at place of death				-
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Alex. Brausen -</u>				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information <u>Bernard Smith</u>	How related to deceased <u>Mom -</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Uterine Hemorrhage (128) - How long
Immediate Candidia Faecium How long

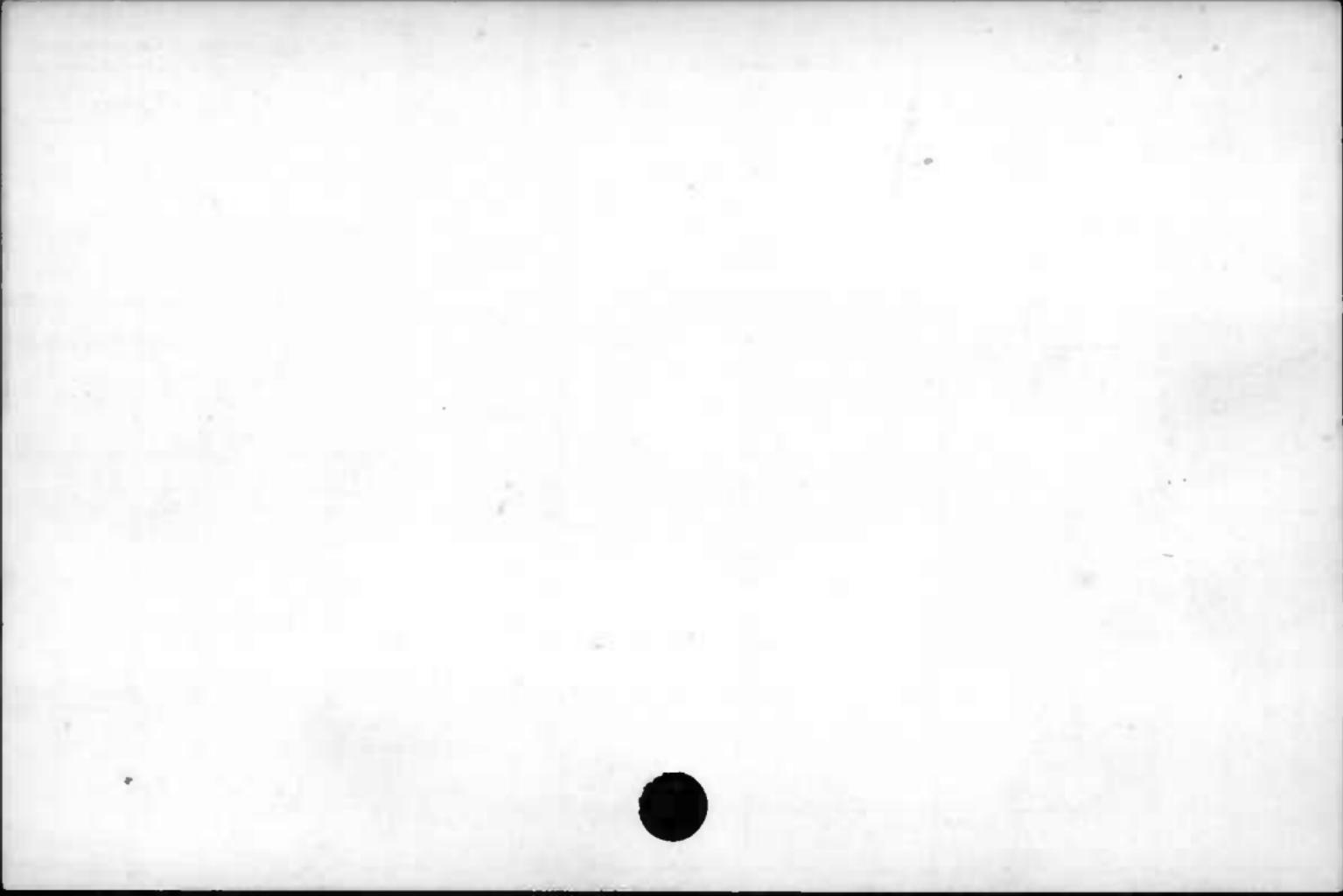
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

L. B. Johnson -
Morganza -

Accident or Suicide?



Name
in
Full

William Brown.

CERTIFICATE OF DEATH

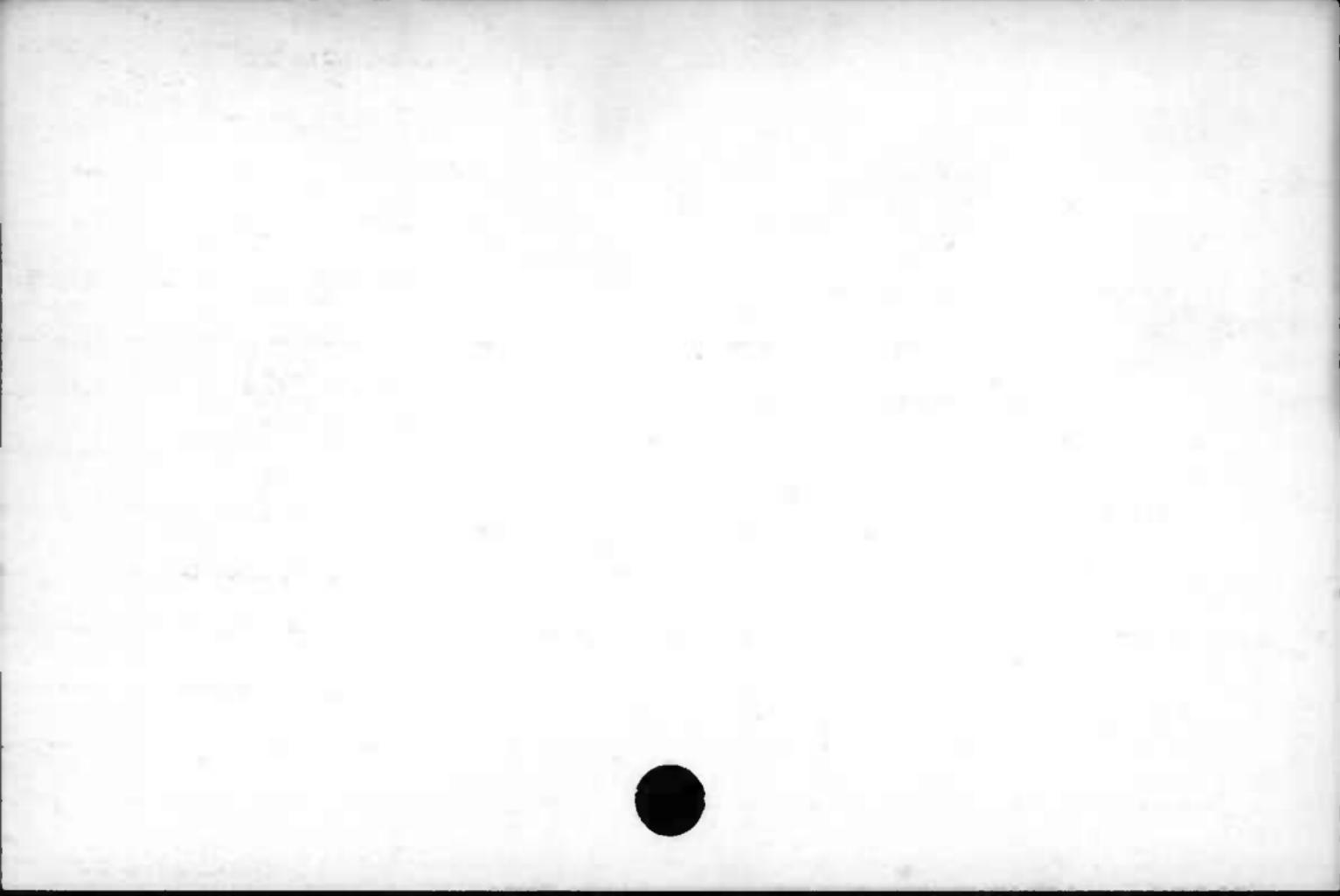
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1906	Month 4	Day 13	Years 78	Months 6	Days 0
Sex	Male	Color or Race	White	Birth- place	Md	
Occupation	Farmer		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Wm Brown		(NA)	Father's Birthplace	Md	
Mother's Maiden Name	—			Mother's Birthplace	—	
Name of person giving Information	Steve Brown			How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cardiac Insufficiency		How long
Immediate	Urimia Poison		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Thos L. Quill
		Address	Lewisburg Limestone
Accident or Suicide?			



Name
in
Full

Henry Gardner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at Leonardtown	St. Marys		
Date of death 1906	Month April	Day 15	Years 72
Sex male	Color or Race colored	Birth-place St. Marys	
Occupation Provisioner	Where Residing if not at place of death		
Married, Single or Widowed Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Arterial sclerosis 81 How long
Immediate How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

G. Greenwell
Leonardtown

Accident or Suicide?

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>abells</u> <small>Town</small>		County <u>St. mary's</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>4</u>	Day <u>28</u>	Age <u>—</u>	Years <u>—</u>	Months <u>4</u>	Days <u>13</u>
Sex <u>male</u>	Color or Race <u>colored</u>	Birth-place <u>west</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Eugene Carter</u>	Father's Birthplace <u>west</u>					
Mother's Maiden Name <u>Sullivan Woodland</u>	Mother's Birthplace <u>west</u>					
Name of person giving information <u>Robert Woodland</u>	How related to deceased <u>uncle</u>					

CAUSES OF DEATH

Primary

How long

(118)

Immediate

How long

Unknown (child, coughing, & due to immediate) Sudden death

Are the name, age, sex, color, date and place correctly given above?

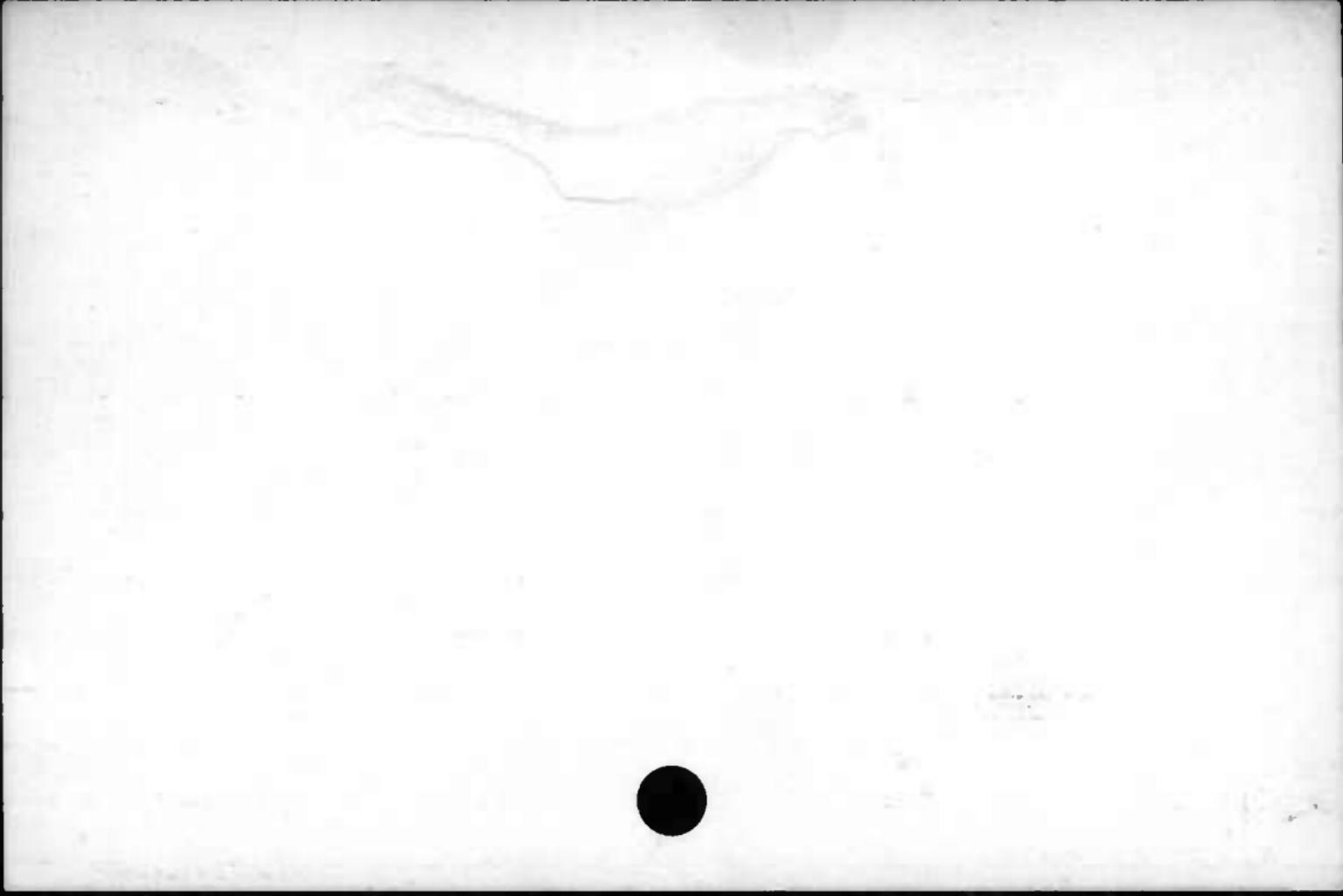
Signature of Physician

R. V. Palmer

Address

Palmer's
west

Accident or Suicide?



Name
In
Full

Annie Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Mechanicsville</u>		County <u>St. Mary's</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>Apr.</u>	Day <u>16th</u>	Years <u>5-</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>Colored</u>	Where Residing if not at place of death <u>St. Mary's co with her uncle</u>				
Occupation <u>—</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Thos St. Harris</u>	—			Father's Birthplace <u>St. Mary's Co., Md.</u>		
Mother's Maiden Name <u>Virginia Brooks</u>	—			Mother's Birthplace <u>St. Mary's Co.</u>		
Name of person giving Information <u>Hilary Harris</u>	—			How related to deceased <u>Uncle</u>		

CAUSES OF DEATH

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>a year</u>
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

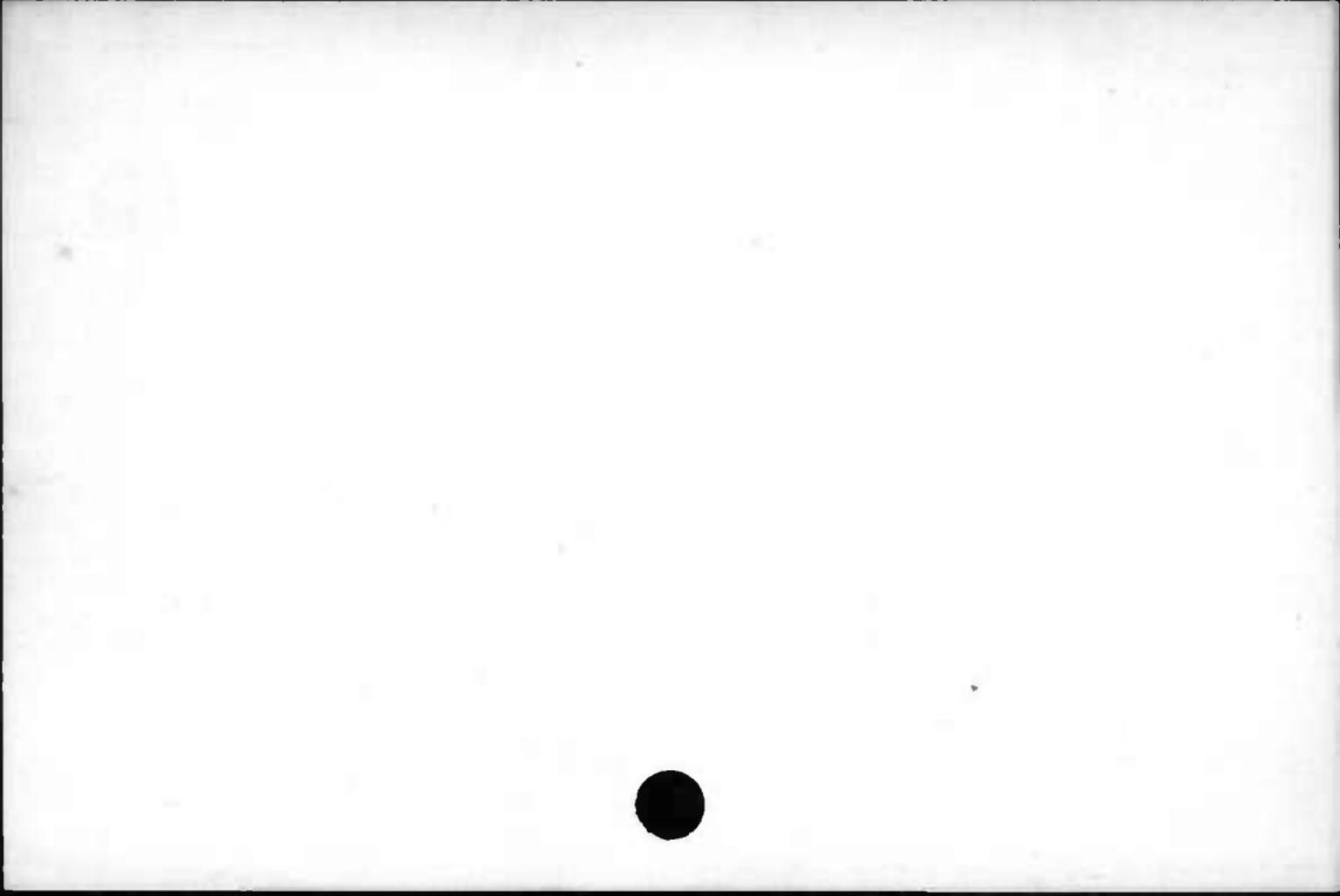
Yes

Signature of Physician

Zach. R. Morgan, M.D.
Mechanicsville, Md.

Address

Accident or Suicide?



Name
in
Full

Sarah M. Harrison

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Charlotte Hall		Town	St. Marys		County	MARYLAND	
Date of death	1906	Month	16	Day	Years	Months	Days
Sex	Female	Color or Race	White		Birth-place	Maryland	
Occupation	None		Where Residing if not at place of death		Charlotte Hall with her sister near		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Thos. E. Harrison				Father's Birthplace	Md	
Mother's Maiden Name	Celestia Dent				Mother's Birthplace	Md	
Name of person giving information	T. B. Davis		(X)		How related to deceased	only a friend	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of uterus & General debility		How long	Several years
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Zach. R. Morgan	
		Address	Mechanicsville, Md.	
Accident or Suicide?				



Name
in
Full

Michael Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	St. Marys		MARYLAND	
Died at Wyrne	Month	Day	Years	Months Days
Date of death 1906 April	19	Age 70		
Sex male	Color or Race	Colossal	Birth-place	St. Marys
Occupation Farmer	Where Residing if not at place of death			
Married, Single or Widowed Married	Name of Wife or Husband	Mary Taylor		
Father's Name Don't know	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information Mary Taylor	How related to deceased wife			

CAUSES OF DEATH

Primary

Fractured skull

How long

3 days

Immediate

Compression Brain

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

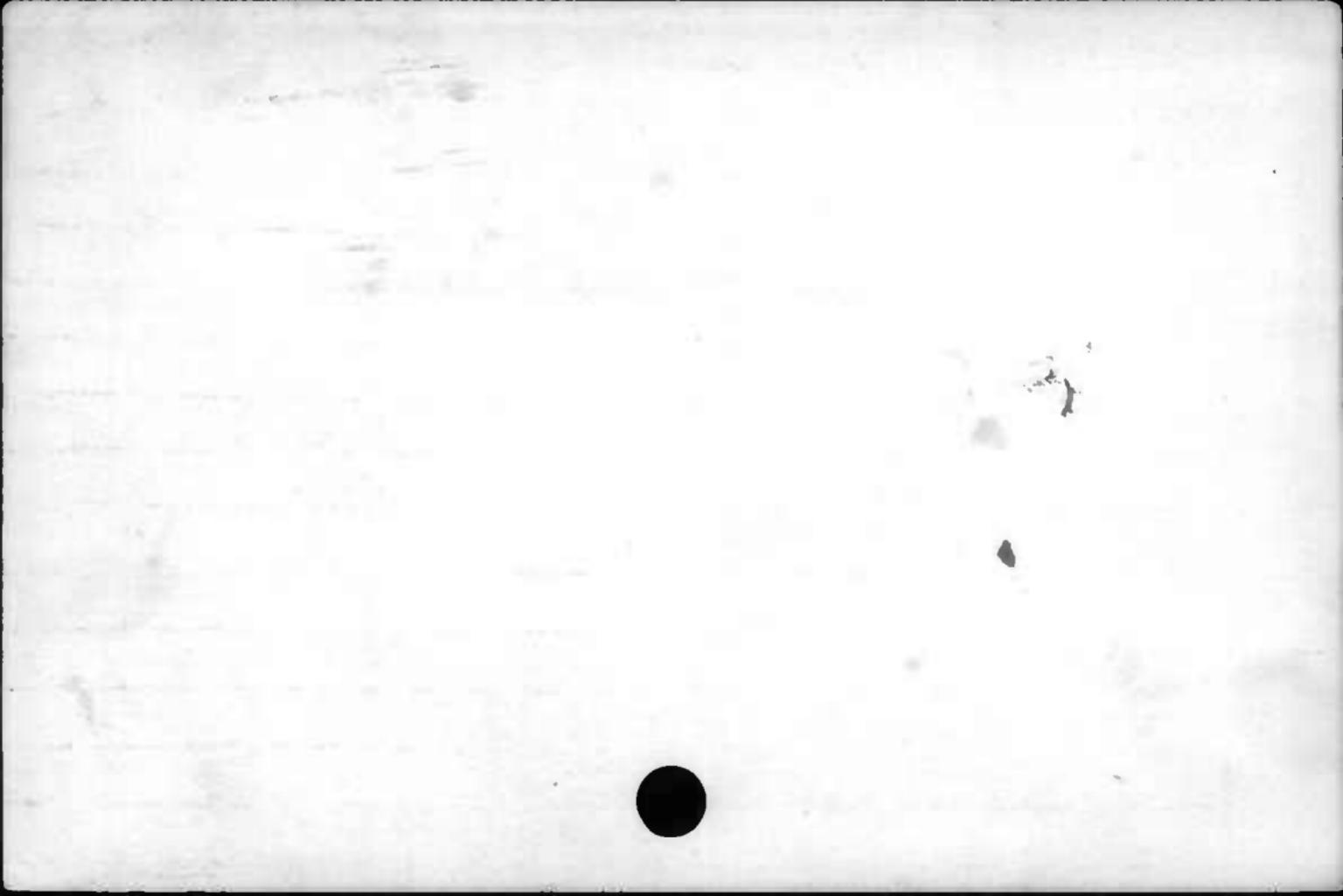
Signature of Physician

Address

Dr. Lloyd
Ridge

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Agnes J. Thompson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Ridge		Town	St. Marys		County		MARYLAND		
Date of death	1906 April	Month	16	Day	Age	1	Years	Months	Days
Sex	Female	Color or Race	white		Birth-place		Maryland		
Occupation					Where Residing if not at place of death				
Married, Single or Widowed					Name of Wife or Husband				
Father's Name	Leigh C. Thompson				Father's Birthplace		Md.		
Mother's Maiden Name	Emma Brewster				Mother's Birthplace		Md.		
Name of person giving information	Emma Brewster				How related to deceased		Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bordetella (90)		How long	One month
Immediate	Examination		How long	Two weeks
Are the name, age, sex, color, date and place correctly given above?	Yes.		Signature of Physician	R. E. Loyd
			Address	Ridge Rd. Ridge. Md.
Accident or Suicide?				

